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ABSTRACT

This paper synthesizes current thinking, issues, and practices related to the use of paraprofessionals in the provision of early intervention and preschool services to children with disabilities, birth through 5 years of age, and their families. Information was gathered from 31 state and jurisdiction coordinators of preschool services under Part B of the Individuals with Disabilities Education Act (IDEA) and coordinators of IDEA Part H. Findings revealed that 18 states had a policy for assuring quality personnel for either early intervention or preschool services that includes the use of paraprofessionals; that 5 more states indicated that a policy was in the planning stage; and that 8 states indicated that no policy exists. Ten states reported that they had established a new occupational category; of these, eight were at the paraprofessional level. Fourteen states had developed or were developing personnel standards for paraprofessionals, and 10 states had developed or were developing a credentialing process. Case examples of two states are presented: Illinois, where the Department of Education is the lead agency for both Part B and Part H programs; and Utah, where the State Board of Education is the lead agency for Part B and the Department of Health is the lead agency for Part H programs. Names and addresses of state resources for information on paraprofessional personnel policies and practices are listed. Appendixes contain a copy of the data collection instrument and a chart reporting each state's response. (JDD)

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NEC*TAS Synthesis Report

Current Trends In the Use of Paraprofessionals In Early Intervention and Preschool Services

by Nancy Striffler

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National Early Childhood Technical Assistance System

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National Early Childhood Technical Assistance System
Chapel Hill, North Carolina

The National Early Childhood Technical Assistance System (NEC*TAS)
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May 1993

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Nancy Striffler
May 1993

Introduction

Background

The Individuals with Disabilities Education Act (IDEA) (P.L. 101-476, 1990, and as subsequently amended by P.L. 102-119, 1991) has set a national goal to establish and maintain, in every state and jurisdiction, the capacity to meet the needs of all young children with disabilities, from birth through age 5 years, including support to their families. The Preschool Grants Program (Section 619 of Part B) of IDEA includes special provisions for identifying and serving preschool children, 3 through 5 years of age. The Infants and Toddlers with Disabilities Program (Part H) of IDEA focuses specifically on providing early intervention services to infants and toddlers, birth through 2 years of age, and their families. A state's or jurisdiction's capacity to meet the needs of all children eligible to receive services under Part B and Part H is dependent largely upon the availability of sufficient numbers of personnel who are qualified to provide the services. Persistent personnel shortages and the movement to more family-centered approaches to service delivery have led many states and jurisdictions to incorporate paraprofessionals formally into their service delivery system.

IDEA provides at least two opportunities for states and jurisdictions to address the use of paraprofessionals in their service delivery system. First, states must establish and maintain standards for all personnel providing early intervention or preschool services (20 U.S.C. §1413(a)(14); §1476(b)(13)). The law allows states to establish, and develop personnel standards for, additional occupational categories. Second, states must develop a Comprehensive System of Personnel Development (CSPD) that enables personnel to achieve these standards. In statute and in regulation, as well as in Congressional Reports (102nd Congress, 1991), IDEA recognizes the role of paraprofessionals in the delivery of services. The importance of that role is highlighted in the requirements that a CSPD include a training component for paraprofessionals (20 U.S.C. §1413(a)(3); §1476(b)(8)).

Personnel system components must be consistent with the philosophy and goals of the state's total service system. The system that is put in place must meet a variety of personnel development needs and goals, now and in the future. The establishment of new occupational categories and the employment of paraprofessionals are strategies that have been adopted or are being considered by some states to ensure the availability of and the highest quality in personnel.

Current Issues and Trends

A number of issues frame the need to examine current trends in the use of paraprofessionals in the provision of early intervention and preschool services. First, as states move toward implementing comprehensive services for all eligible children, they are faced with a critical shortage of personnel to meet the service demand.

Compounding this shortage of service providers is the specialized training required to provide services to young children (infants, toddlers, and preschoolers) with disabilities and their families, including the cultural competence necessary for family-centered practices. There is growing recognition that the needs of a child and family sometimes can be met most appropriately by skilled individuals who are familiar with the social, ethnic, and economic aspects of that family's culture. Often a paraprofessional can best understand a family's culture and can combine this expertise with knowledge of the specialized needs of young children with disabilities and their families.

Distance and travel time constraints, most acutely felt in rural communities and remote island jurisdictions, have led some planners to examine the use of paraprofessionals to meet service demands. Often, professionals, such as occupational and physical therapists, are unable to provide service to remote areas with sufficient frequency. In these circumstances, an early intervention aide or provider can carry out a motor program several times a week, with direct supervision from a therapist on a monthly basis.

As the concept of full inclusion is embraced, it is anticipated that a wide variety of child care settings will be considered as the most appropriate placement for many infants and toddlers with disabilities. Many individuals currently provide quality care in child care settings without a specific role function or title that is formally recognized by the state. States are beginning to examine the role of child care providers and to include these positions in their CSPD.

Finally, budget and monetary constraints have led states to examine the cost efficient basis of incorporating paraprofessionals into their personnel system. With appropriate training and supervision, paraprofessionals can become a valuable resource to states and communities in meeting the service needs of children and families.

Purpose of This Paper

The purpose of this paper is to synthesize current thinking, issues, and practices related to the use of paraprofessionals in the provision of early intervention and preschool services to children with disabilities, birth through 5 years of age, and their families.

It is hoped that this information will be of interest to individuals, at the state and local levels, who are involved in ensuring that there are sufficient numbers of personnel who are adequately prepared to meet the service needs of infants, toddlers, and preschoolers with disabilities. State and jurisdictional policy makers and planners of Part H and Part B-Section 619 programs under IDEA, as well as members of state and local interagency coordinating councils, must consider varied approaches and alternatives in developing their personnel systems. Local administrators and service providers responsible for ensuring that those providing services are adequately prepared may find the issues discussed here to be germane to their planning and decision-making processes. Additionally, those responsible for the in-service training of professionals and paraprofessionals providing early intervention and preschool services may benefit from this information. Finally, families and parent advisory and advocacy groups may find this information valuable as they participate in the development and implementation of a service delivery system that is culturally responsive to the needs of all children with disabilities and their families.

Methodology

Two approaches were used to determine current trends in the use of paraprofessionals in early intervention and preschool services. First, questions (see Appendix A) were designed to gather information in areas that states might evaluate in addressing personnel needs, especially issues relating to the use of paraprofessionals. These areas include state personnel policies, new occupational categories and role functions, personnel standards and credentialing procedures, training content and mechanisms, and supervisory requirements. The questions were sent to all state and jurisdiction coordinators of preschool services under Part B and to all Part H coordinators. Second, to amplify or clarify information gained through the questions, state Part B and Part H applications were reviewed in August 1992. In some cases a follow-up telephone call or review of printed materials, such as job descriptions or personnel competencies, was conducted for further clarification.

For the purposes of this paper, the author did not define the term paraprofessional but, rather, accepted the definitions used by those responding to the questions. Definitions varied significantly among the states.

In general, definitions used by respondents referred to educational background or job function. For example:

- individual whose position does not require a 4-year degree and who works under the supervision of a certified or licensed individual;
- individual with high school diploma or its equivalent; does not hold a college degree; or,
- personnel working with infants or toddlers and their families, who are not certified by the state in education or allied health.

Some paraprofessionals held a required discipline-specific degree (e.g., associate degree), license (e.g., special education program aide), or certificate (e.g., certified occupational therapist assistant). Other paraprofessionals did not have a discipline-specific role and their function was defined by the service agency by which they were employed.

Findings

State and Jurisdiction Responses

Information on the use of paraprofessionals was received from 31 states and territories (see Appendix B). In 13 of these, both Part B and Part H programs responded to our questions. In the area of **policy development**, 18 states indicated that they had a policy for assuring quality personnel for either early intervention or preschool services that includes the use of paraprofessionals; 5 more states indicated that a policy was in the planning stage; and 8 states indicated that no policy exists. Ten states reported that they had established a **new occupational category**; of these, eight are at the paraprofessional level. A discussion of these categories and the rationales for their establishment begins on page 10. Fourteen states had developed or were developing **personnel standards** for paraprofessionals. Ten states had developed or were developing a **credentialing process**.

Case Examples of Two States

To provide insight into the use of paraprofessionals in providing early intervention and preschool services, including policy development and personnel standards, two states were selected as examples. They are Illinois, representing a state where the Department of Education is the lead agency for both Part B and Part H programs; and Utah, representing a state where separate lead agencies are designated for Part B (State Board of Education) and Part H (Department of Health).

Illinois

Illinois' proposed personnel model for Part H is "designed to support an early intervention service delivery structure which utilizes a system of comprehensive [local interagency coordinating councils (LICCs)] geographically dispersed throughout the state, . . . each of sufficient geographic size and/or demographic density to have, or to ensure access to, resources adequate to provide each eligible family with the range of services identified on the Individual Family Service Plan" (State of Illinois, 1991, p. 8). The goal is for an interdisciplinary team of early intervention specialists to be available to each eligible family.

The personnel model developed by Illinois to support its service delivery is designed to ensure that services to eligible children and their families are delivered by teams of personnel qualified to support and address their unique characteristics and needs. The personnel system allows flexibility in

personnel configurations so that the varying needs and characteristics of different geographic and demographic populations may be accommodated. In addition, the system builds on the expertise of experienced personnel currently employed in early intervention settings, as well as on the foundation of current personnel training efforts at the preservice and in-service levels. Following a series of interim steps, this system is scheduled to be fully implemented by December 31, 1996.

Paraprofessionals are an integral part of the Illinois service delivery system. Two levels of early intervention paraprofessionals are defined (see Table 1). At the Associate level, seven staff categories (see Table 2) are included in the personnel plan, of which two are new occupational categories.

A credentialing system is included in Illinois' personnel development plan. This credentialing system requires that:

- All personnel delivering early intervention services shall hold credentials at the highest generally recognized entry level for their respective disciplines or occupational categories.
- A system for registration of Early Intervention Specialists and Associates [paraprofessionals] shall be available and centralized through the Lead Agency or the Illinois Department of Professional Regulations.
- A system for approving preservice programs for training of early intervention personnel shall be used as a basis for credentialing Early Intervention Specialists and Associates from each discipline or occupational category. (State of Illinois, 1991, p. 5)

Table 1
State of Illinois
Responsibilities and Qualifications of Early Intervention Paraprofessionals

Role	Responsibilities	Qualifications
Associate	Perform a range of activities under direct supervision of an Early Interventionist or Disciplinary Specialist; may include assisting with assessment and implementation of service components. . . . May function independently in providing services, but must receive direct, regular, and systematic supervision by a Specialist.	• Associate of Arts degree or equivalent (e.g., CDA) • State credentialing, if any, for service area for which employed
Assistant	Co-implement, under direct supervision by a Specialist, early intervention services designed by the Specialist. May serve broader programmatic functions such as community liaison or interpreter.	• High school diploma or equivalent • Qualifications outlined in Annual Program Plan

(State of Illinois, 1991, p. 14)

Table 2
State of Illinois
Associate Level Staff Categories

Developmental Education Services
- Teacher's Aide
- Child Development Associate (CDA)
- * Developmental Education Associate

Family Support Services
- * Family Support Associate

Health Services
- Licensed Practical Nurse

Developmental Therapy Services
- Certified Occupational Therapy Assistant
- Physical Therapy Assistant

* New occupational categories

(State of Illinois, 1991, p. 13)

Early intervention credentialing standards will be developed for each discipline and for new occupational categories at the Associate level. Supervision of paraprofessionals is outlined.

Illinois allows for a transition period and provides support for programs, personnel, and training efforts to meet personnel standards and the requirements set forth in their comprehensive system of personnel development. "Personnel employed by early intervention programs to serve in paraprofessional roles shall obtain or have obtained within a specified period of time a minimum of training in an area related to early intervention programming with infants with special needs and their families" (State of Illinois, 1991, Appendix A). To support the personnel standards and credentialing requirements, Illinois has developed an extensive preservice and in-service training plan.

A review of the personnel system planned for Illinois suggests that the CSPD was developed in concert with the overall design of its early intervention services. Although personnel shortages were recognized, Illinois has taken the approach of first delineating personnel standards to support the service system, and then establishing mechanisms and a timeframe for working toward these standards. It appears that a variety of flexible alternatives have been built into the system to enable individual programs to organize their personnel in ways that address their own needs and limitations, and to provide early intervention personnel with different paths to meet professional standards.

Utah

The State of Utah chose to develop its own comprehensive system of personnel development (CSPD) under Part H; however, "close coordination and cooperation with the Utah State Office of Education (SOE) CSPD

system under Part B occurs on an ongoing basis" (Utah Department of Health, 1990, p. 62). SOE offers additional credentialing of early childhood special education teachers through a certificate covering ages birth through 5 years. This certificate is accepted by both the Part H and Part B programs.

Utah has established two new occupational categories at the paraprofessional level, the Early Interventionist I and the Early Intervention Aide. The roles of these positions are best understood in the context of the four credentialing levels for early intervention personnel as shown in Table 3.

Utah requires all individuals who provide early intervention services in the State to be credentialed by September 1, 1996. This requirement applies to all professionals of all disciplines, all paraprofessionals, and every person serving as a service coordinator employed in any public or private agency that provides services under Part H. To accomplish this goal, the lead agency (Department of Health) is coordinating a statewide program of approved in-service training leading toward credentialing. The training is based on Utah's Early Intervention Core Competencies as specified in its personnel standards. To promote quality and commitment among paraprofessionals providing early intervention services to infants and toddlers with disabilities

Table 3
State of Utah
Responsibilities and Qualifications of Early Intervention Personnel

Credential Level	Responsibilities	Qualifications
Early Interventionist III	Service coordination, assessment, evaluation, IFSP development, intervention, program coordination. May work unsupervised. May supervise EI I, EI II, and aide.	• Bachelor's degree • Completion of program of advanced study • Certification or licensure • One year experience in a Part H program under supervision of an EI III
Early Interventionist II	Service coordination, assessment, evaluation, IFSP development, intervention. May supervise EI I, aide. Is supervised by EI III.	• Bachelor's degree • Certification or licensure
Early Interventionist I	Intervention in areas of entry level early intervention competencies. Service coordination under supervision of EI II or EI III.	• H.S. diploma or GED • Post secondary school training
Early Intervention Aide	Takes no independent action and has no decision making authority but performs routine tasks assigned and supervised by professionally credentialed personnel.	• H.S. diploma or GED or enrollment in an on-the-job training program

(Adapted from Utah Department of Health, 1990, p. 78)

and their families, Utah is developing components for in-service curricula that address the sometimes unique needs of these providers. "In-service training for all providers has been developed with consideration of parents and paraprofessionals as full early intervention team members" (Utah Department of Health, 1990, p. 66). Training strategies include, but are not limited to: a) developing in-service training modules; b) providing continued support, coaching, and feedback; c) training mentors who will assist in training the professionals and paraprofessionals who are seeking early intervention credentialing; and, d) providing discipline-specific consultation and training.

A review of the personnel system planned for Utah suggests that it was developed with recognition of the variable context of the service delivery system. Early intervention providers, therefore, must be able to work effectively in a variety of environments. It also recognizes that early intervention is frequently characterized by a blending of professional, paraprofessional, and parent roles. Professionals, therefore, must be able to communicate with, teach, and learn from parents, paraprofessionals, and other professionals. Finally, Utah's views on the use of paraprofessionals in providing early intervention services are reflected in the following excerpt from the personnel standards section of its Part H application.

> An evolving approach to intervention in the area of health and human services is that of utilization of paraprofessionals in the fulfillment of therapeutic, educational and support functions on intervention teams. Under the supervision of licensed professionals, the involvement of such individuals has been invaluable in assuring consistency and continuity in service delivery in professions and geographic areas where personnel shortages abound. (Utah Department of Health, 1990, pp. 73-74)

New Occupational Categories

Of the 31 states and jurisdictions responding to the questions on their use of paraprofessionals, eight states established occupational categories at the paraprofessional level. These states are Hawaii, Illinois, Maine, Massachusetts, North Carolina, South Carolina, Texas, and Utah. Wisconsin, which does not distinguish professional from paraprofessional, also established a new category which warrants inclusion here.

Factors that influence states to establish a new occupational category are varied, and include a:

- commitment to include **parents** as service providers, as well as a desire to employ individuals who are responsive to the **culture** they serve;

- need to extend the services of professionals, especially **allied health** professionals, such as physical therapists, occupational therapists and speech-language pathologists; and,
- commitment to provide services in **varied environments** and service settings, including the home and child care centers.

The following sections present examples of new occupational categories at the paraprofessional level, the rationale for the establishment of the occupational categories, as well as a discussion of the role function of these positions. It is hoped that these examples will provide ideas and strategies for other states and jurisdictions.

Including Parents as Service Providers

HAWAII. The major factor leading to the establishment of a new occupational category in Hawaii was the state's commitment to a culturally competent, family-centered, community-based, coordinated system of services for children with special needs. The **Parent Involvement Assistant** (PIA) was established as a new early intervention occupational category. PIAs are responsible for providing culturally competent care coordination and family support services for infants and toddlers with special needs who are most appropriately being served in an early intervention program. One of their responsibilities is to assist families in developing and implementing IFSPs. PIAs also proactively work with family members and service providers to develop and promote family-professional partnerships on behalf of infants and toddlers with special needs. Embracing the philosophy of family-centered care, Hawaii believes that it is essential to use the expertise of paraprofessionals, including families, who understand the cultural variations and the unique needs of a family of a child with special needs. In keeping with this philosophy, Hawaii states that attitudes of personnel working with families are as important as their knowledge and skills. This philosophy also is supported in the qualifications established for the PIAs. One of the minimum requirements for the position is 3 years of personal experience in the direct care of a child with special needs. The Parent Involvement Assistant works under the supervision of a social worker.

ILLINOIS. New paraprofessional occupational categories established by Illinois were discussed above in the case example of Illinois (see pages 5-7). Equally important to this discussion is a new category established at the professional level. The Parent-to-Parent Coordinator (newly termed **Parent Liaison**) was established as a new professional-level occupational category for early intervention services. This position has no minimum entry-level qualifications related to formal training or credentialing. Parent Liaisons must be parents of a person with special needs. They may be responsible for establishing and managing a variety of parent support services including, but

not limited to, parent-to-parent counseling, support groups, and parent respite networks. In addition to their work with parents, the Parent Liaison will train staff. Parents in Illinois emphasized that if they were to serve as trainers, and be respected and accepted by staff in that role, then the position of Parent Liaison must be established at the professional level. Each program will employ a parent as a member of their program team. Although the proposed personnel plan is not in full implementation, several programs have employed a Parent Liaison as a member of their program team. Recently these programs were asked to informally evaluate the Parent Liaison as a member of their team. Without exception, the agencies indicated that if they were required to "trim the fat" from their programs, the Parent Liaison would be among the last positions to be eliminated.

MASSACHUSETTS. In order to meet the needs of communities, the Massachusetts early intervention program established the paraprofessional position of **Community Outreach Worker**. To qualify as a Community Outreach Worker, an individual is not required to be a parent of a child with special needs, but must have experience and knowledge of the community and its resources, and experience or training in the designated role. Interpreters are included in this definition. The Community Outreach Worker most often is from the same culture as that of the families and the community in which services are being provided. For example, a Cambodian Community Outreach Worker, serving a housing project in which the residents primarily are Cambodian immigrants, often is the bridge between the neighborhood support systems and the larger community in which child and family services are available. Part H personnel indicated that cost was not the motivating factor in establishing this new occupational category. Given the cost of training, supervision, and mentoring that are essential for the effectiveness of the position, using Community Outreach Workers is no less expensive than employing an individual with specified educational background or professional certification. Rather, it was the belief that Community Outreach Workers were essential to the provision of culturally competent services, in a manner most relevant and appropriate to meet the needs of families, that fueled the establishment of this new position.

NORTH CAROLINA. The North Carolina ICC has recommended to the Part H lead agency and the Division of Maternal and Child Health (assigned the coordinative role for service coordination) that the **Family Service Coordinator** (FSC) be established as a new occupational category. The FSC provides assistance from the unique perspective of being or having been a consumer of early intervention services. Responsibilities of the position include coordinating service delivery; developing IFSPs; providing information and family support; assisting families in identifying concerns, priorities, and resources for themselves and their child; and, advocating for children and families. Position requirements include an equivalent

combination of training and experience, consisting of a high school diploma or its equivalent and 3 years experience as the parent or guardian of a child with special needs. The FSC works very independently. Supervision, both written and verbal, is to be provided on a regular basis by the child's program supervisor (e. g., early intervention coordinator, service coordination supervisor, or others, depending upon the agency).

WISCONSIN. Wisconsin's personnel system lists all positions without distinguishing professional from paraprofessional. The **Parent Facilitator** is a new occupational category for early intervention in the state. The individual in this position is a parent of a child with a special need and is hired on the basis of communication and support abilities. No formal educational requirements are proposed, but in-service training in early intervention, family support, communication skills, parent's rights, and other related experiences, such as program planning and policy development, is highly recommended. The Parent Facilitator may be a member of the interdisciplinary early intervention team and may assume service coordination responsibilities. A Parent Facilitator who assumes this role must meet the requirements for any service coordinator in the state. This includes at least one year of supervised experience working with families of children with special needs, and demonstrated knowledge and understanding of the state Birth-to-Three Program and the children who are eligible for program services.

Extending Allied Health Services

It is in the allied health disciplines of physical therapy, occupational therapy, and speech-language pathology, that states and jurisdictions often face their most severe personnel shortages, especially in rural and remote regions including island territories. But using paraprofessionals to provide services in the areas of motor and language development requires careful consideration. Administrators, service providers, parents, and those who speak for the therapy disciplines have divergent opinions about which services should be provided only by a licensed therapist and which services could be provided by a paraprofessional. In some instances, legal restrictions dictate what can and cannot be done by someone who is not licensed. The following examples describe how some states are attempting to resolve these issues as they seek to extend the scarce resources of therapists through the use of paraprofessionals.

ILLINOIS. Paraprofessionals are an integral part of the service delivery system planned for **Illinois.** Two new occupational categories have been established: Developmental Education Associate and Family Support Associate (see Tables 1 and 2). Before finalizing the role functions of paraprofessionals, Illinois policy makers are considering these key questions: Should a paraprofessional work directly with a child in the area of motor and

language? If so, under what conditions and degree of supervision? When is a motor or language activity developmental early intervention and when is the activity motor or language therapy? Illinois is carefully considering the competencies, supervision requirements, and credentialing process before making a final determination regarding the role functions of these paraprofessional positions.

UTAH. Utah is currently addressing the challenge of providing quality motor and language early intervention services. Some administrators and service providers strongly believe that, under the supervision of licensed professionals, paraprofessionals are invaluable in assuring consistency and continuity in service delivery. Yet the exact role function of the new occupational category Early Intervention Aide (see Table 3) is not finalized. At issue for the licensed therapist is the potential of violating state licensure laws by providing recommendations to paraprofessionals for motor or speech-language activities. For example, some feel it would be appropriate to offer such recommendations to the child's parents but not to an Early Intervention Aide. The physical therapy, occupational therapy, and speech-language pathology associations in the state strongly advocate for limiting the role of paraprofessionals in motor and speech-language early intervention activities. The question of when it is a violation of the state licensure laws for a licensed therapist to provide suggestions that will promote infant development has not been adequately answered. When does one cross the line from appropriate developmental activities to therapeutic intervention? These questions will need to be answered before the role of the paraprofessional in early intervention is clarified in Utah.

TEXAS. Guided by a strong desire to retain employees who were providing quality services but who did not fit into an existing occupational category, Texas established three new occupational categories. One, the Early Intervention Specialist-related degree, was established at the professional level. Two categories were established at the paraprofessional level: the Early Intervention (EI) Specialist-nonrelated degree, and the EI Specialist-nondegreed. An EI Specialist-nonrelated degree holds a bachelor's degree that is not related to early intervention services. An EI Specialist-nondegreed holds an associate degree or high school diploma. Paraprofessional EI Specialists deliver services under supervision, which includes observation, review of case records, and consultation as appropriate. In addition to these new occupational categories, Texas had existing paraprofessional categories in the allied health professions. Both new and established paraprofessional categories are listed in Table 4.

In designing its CSPD for early intervention, Texas began with the assumption that paraprofessionals would provide early intervention activities to foster infant development in a variety of service settings. However, it was

Table 4
State of Texas
Paraprofessional Personnel Standards

Occupational Category	Educational Requirements	Examination Requirements	Continuing Ed Requirements
New Categories			
Early Intervention Specialist — Non-related degree	A bachelor's degree in a field not closely related to the provision of early intervention services.	None	Recommended
Early Intervention Specialist — Non-degreed.	An associate degree or high school diploma or equivalent. Nondegreed.	None	Recommended
Established Categories			
Physical Therapist Assistant	Completion of an accredited physical therapy assistant program.	Texas State Board of Physical Therapy Examiners	CEU standards and approval by State Board of Physical Therapy Examiners
Occupational Therapist Assistant	Associate degree in occupational therapy (COTA).	Texas Advisory Board of Occupational Therapists	Approval of credits by Texas Advisory Board of Occupational Therapists. A minimum of 10 hours required annually.
Licensed Aide in Speech-Language Pathology	Bachelor's degree with minimum of 24 hours in speech-language	Examination may be waived if candidate holds valid license from a state with reciprocity or holds national certification of clinical competence (CCC)	

(Texas Early Childhood Intervention Program, n.d., p. D3)

uncertain how these services would be provided. With this question in mind, the Interagency Council on Early Childhood Intervention, the Texas Part H lead agency, adopted the personnel standards of the state boards regulating the allied health disciplines. To ensure that paraprofessionals provide quality motor and language services, state licensing standards for occupational therapy, physical therapy, and speech-language pathology address the credentialing and supervision of paraprofessionals in these fields. Currently, competencies for the EI Specialists are under development and the monitoring and credentialing processes are being considered.

The Part H agency in Texas embraces the philosophy that the full array of early intervention services are provided in partnership with the family. The process begins with the assessment, which is accomplished in concert with the family and from which flow the strategies and outcomes that will meet the unique needs of the individual child and family. Families most often choose strategies and services that are most natural for their family. This approach may preclude the traditional rehabilitation model of "speech-language therapy three times a week and OT/PT twice weekly," in favor of a service plan that reaches all appropriate settings. Although some providers in Texas have not made the paradigm shift from the traditional model, there is growing acceptance of the use of paraprofessionals to provide early intervention services tailored to meet the unique needs of each child and family.

Texas' approach to the role of paraprofessionals in early intervention has allowed the state to provide needed services to remote areas of the state. For example, the border town of Eagle Pass is 100 miles away from the nearest occupational therapist, physical therapist, or speech-language pathologist. Eligible infants and their families receive services from an early intervention program in their community under the supervision of certified early intervention teachers. The IFSPs for these infants are developed by their families and an itinerant multidisciplinary team of licensed professionals. This same team travels to Eagle Pass once a month to provide consultation to the family and early intervention staff.

Varied Service Environments

MAINE. The Maine Interdepartmental Coordinating Committee for Preschool Handicapped Children developed a philosophical basis that frames the policy for the state's birth-to-five comprehensive service delivery system. Guided by the philosophy of using developmentally and age-appropriate experiences as a basis for service delivery, and by a desire to retain providers who were working within the child's and family's community, Maine established the **Early Intervention** (EI) **Associate** at the paraprofessional level. Many children in Maine's early intervention system receive developmental therapy (e.g., an early childhood program) within a home or community setting. Children who require a one-to-one aide in order to focus attention and optimize behaviors for learning are often served by an individual credentialed as an EI Associate. EI Associates work under the supervision of an EI Specialist, who holds a minimum of a bachelor's degree. An EI Associate must hold at least a high school diploma and have documented training and experience in early intervention. Maine's credentialing process is currently a policy. The standards will go through rule making in 1993. Once the standards are promulgated, developmental therapy providers will have 5 years to become fully credentialed.

SOUTH CAROLINA. Two factors led to the development of a new occupational category — the paraprofessional position of **Early Intervention Assistant** — in South Carolina. First was the shortage of child care providers who are both willing and qualified to provide services to infants, toddlers, and preschool-age children with disabilities. Second was the desire of the Regional Technical Schools to establish a Child Development Associate (CDA) program for South Carolina. The Technical Schools have modified their curriculum to include competencies for early interventionists. The CDA has not yet been formally accepted by the state personnel system. Before finalization, the placement of the position within the state personnel classification coding system must be determined.

Summary

In developing a comprehensive intervention system to maximize the potential of eligible infants, toddlers, and preschoolers and their families, states and jurisdictions are guided by their own unique needs as they address the question of how to insure the availability of appropriately trained early intervention and preschool personnel. In designing their CSPD, a number of states have integrated paraprofessionals into their system and several have established new occupational categories at the paraprofessional level. Factors which influence a state's decision to use paraprofessionals are varied:

- commitment to include parents as service providers;
- need to extend the services of professionals, including allied health professionals;
- desire to include parents as service coordinators;
- response to personnel shortage;
- desire to employ individuals who are responsive to the culture they serve; and,
- commitment to provide services in varied environments and service settings.

The term paraprofessional has a variety of meanings within differing contexts, and paraprofessionals perform a wide range of roles within a broad range of employment settings. There is considerable discomfort in using the term paraprofessional. Several states have indicted that the term does not foster the respectful rapport that is essential among all members of the early intervention team. Referring to all positions as qualified early intervention personnel without using the terms professional or paraprofessional is one strategy to address this concern.

Specific selection criteria, job descriptions, and standards can help identify individuals who would serve as effective early intervention

paraprofessionals. If the selected individuals have cared for children with special needs or share the culture of the community they are hired to serve, they may actually have more expertise in some areas than many professionals, and can provide an element of social validity to the intervention system. Professionals need to be aware of, respect, and benefit from these strengths.

As states and jurisdictions expand and refine their use of paraprofessionals in providing services, more professionals will be called upon to train and supervise paraprofessionals. The role of supervision and the supervisory skills and tasks needed to carry out this function are critical. The quality of training, support, and supervision provided to paraprofessionals will influence their success in providing quality services and the nature of their relationship with parents and professionals. Paraprofessionals involved in service delivery must receive direct, systematic supervision. Supervision by a professional should include periodic observation, review of written notes and documents, and regular face-to-face discussion with the paraprofessional. Procedures for monitoring the support provided to paraprofessionals and the effectiveness of the services they provide should be explicit. Paraprofessionals' strengths and limitations evolve over time as their training progresses, as they gain experience, and as they receive feedback. When professionals are aware of paraprofessionals' strengths and weaknesses, expectations will be realistic.

A number of training programs have been developed for paraprofessionals. Several states have developed competency-based curricula with varied training format options. Some training projects indicate that the level of required knowledge and ability is best determined for specific roles in particular settings. Some projects recognize that competency and mastery are evolving processes which are facilitated by ongoing training, support, and experience.

As service delivery systems are modified to reflect current best practices and desired values and attitudes, roles for early intervention paraprofessionals are expected to expand. With appropriate supervision and training paraprofessionals can a) extend the impact of the professional team; b) assist with the direct intervention programming in community-based, inclusive environments; c) provide ongoing care to infants, toddlers, and preschoolers with special needs; d) provide ongoing support to families; e) assist families to access needed resources; and, f) provide respite care.

Fulfilling the challenges of effective service provision depends to a great extent on personnel. The values that underlie IDEA suggest that personnel should be trained to address and support the needs and characteristics of young children and their families. Paraprofessionals have a vital role to play in the provision of family-centered, culturally competent care.

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Utah Department of Health, Division of Family Health Services. (1990, June 22). *Utah state application for 4th year funds under Part H of the Individuals with Disabilities Education Act: P.L. 101-476.* Salt Lake City: Author.

For More Information . . .

If you would like more information on state personnel policies and practices as they relate to the use of paraprofessionals in early intervention and preschool services, please contact the individuals listed below.

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APPENDIX A
How Are Paraprofessionals Used in Your State or Jurisdiction?

Purpose: To determine the trends in the use of paraprofessionals in the service delivery system for birth through 5.

1. Does your state policy for assuring quality personnel for EI and preschool services include the use of paraprofessionals in the service delivery system?

   ❑ Yes ❑ No ❑ Not yet, but in the planning phase.

If yes, or in the planning phase, please continue

2. Has your state established new occupational categories beyond those specific disciplines outlined in IDEA?

   ❑ Yes ❑ No If yes, list the new categories and indicate whether the category has been established at a professional or paraprofessional level.

New Occupational Category	Professional Level	Paraprofessional

3. Are there statewide guidelines/standards for paraprofessionals?

   ❑ Yes ❑ No

4. Is there a statewide certification/credentialing procedure for paraprofessionals?

   ❑ Yes ❑ No

5. Does your state system employ

   Certified Occupational Therapy Assistants (COTAs) ❑ Yes ❑ No

   Physical Therapy Assistants (PTAs)? ❑ Yes ❑ No

   If yes, does your state classify these as ❑ professionals or ❑ paraprofessionals?

6. List the title of each paraprofessional in your personnel system and indicate if your state policy includes a) description of role/function of the paraprofessional, b) paraprofessional training requirements, and c) supervision requirements for each.

Paraprofessional (e.g. EI aide, home visitor assistant)	**Role/ Function**	**Training Requirements**	**Supervision**
_____	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
_____	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
_____	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
_____	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No

7. Has your state adopted policies for ensuring that currently employed individuals have a mechanism for meeting the standards for paraprofessional employment?

   ❑ Yes ❑ No

8. Has your state adopted policies or other mechanisms which will address the ongoing training (inservice training) needs of the paraprofessionals? ❑ Yes ❑ No

   If yes, do these policies *(check those that apply)*

   ❑ state a minimum number of inservice training hours required

   ❑ have a built-in career ladder?

9. Indicate the degree to which the topics listed are included in your paraprofessional training program(s).

not included	sometimes covered	frequently included	covered indepth	Topics included as part of paraprofessional training
1	2	3	4	a) Typical child development
1	2	3	4	b) Atypical child development
1	2	3	4	c) Family issues/cultural values
1	2	3	4	d) Screening/assessment
1	2	3	4	e) Implementation of treatment
1	2	3	4	f) Interpersonal skills
1	2	3	4	g) Legal and ethical issues
1	2	3	4	h) Observing and recording behavior
1	2	3	4	i) Physical handling & positioning
1	2	3	4	j) First aid/safety
				Others *(please specify)*
1	2	3	4	_____
1	2	3	4	_____
1	2	3	4	_____

10. Are you aware of exemplary practices using paraprofessionals in the service delivery system for infants and toddlers in your state? ❑ Yes ❑ No.

If yes, give contact:

Name: _____

Address: _____

Telephone: _____

Name of Respondent: _____ Check one: ❑ Part H ❑ 619

Phone: _____

APPENDIX B
State and Jurisdiction Responses to Questions on the Use of Paraprofessionals

State	Policy	New Category	Standards	Credentialing
Alabama[1]	PL		DIS	DIS
American Samoa[1]				
Arizona[2]				
Arkansas - Part H - Part B	✔ ✔		✔ PL	 PL
Delaware[1]				
Florida[3]	PL			
Georgia[1]	✔			
Hawaii[1]	✔	✔	✔	✔
Idaho[1]				
Illinois[3]	PL	✔	✔	✔
Indiana[1]				
Iowa[1]	✔			
Maine[3]	PL	✔	✔	✔
Massachusetts - Part H - Part B	✔ ✔	✔	PL ✔	PL
Maryland - Part H - Part B	✔			
Michigan[2]	✔			
Minnesota[3]	✔			
Missouri - Part H - Part B	 ✔		 ✔	
New Jersey[3]	✔			
North Carolina[1]	✔	✔	✔	
North Dakota[1]				
Nevada - Part H - Part B				
Pennsylvania - Part H - Part B	✔ ✔		✔ PL	✔ PL
Puerto Rico[1]	PL			
South Carolina[1]	✔	✔	PL	PL
South Dakota[1]				
Tennessee[1]	✔			
Texas - Part H - Part B	✔ ✔	✔	✔	
Utah - Part H - Part B	✔ ✔	✔	✔ PL	PL PL
Wisconsin[1]	✔		✔	
West Virginia[1]	✔		✔	✔

[1] Response from Part H lead agency
[2] Response from Part B lead agency
[3] Response from Department of Education, lead agency for both Part H and Part B

✔ = Have established
DIS = Discipline specific
PL = In the planning stage

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